

FILED JAN 22 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4263

STATE FILE NUMBER

Registration District No.

366

Primary Registration District No.

6241

Registrar's No.

6

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bretton</u>		c. CITY OR TOWN <u>1108</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi E. Petoskey</u>		d. STREET ADDRESS (If outside, give location) <u>5 mi E. Petoskey</u>	
3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>Ann</u> Last <u>Shipley</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>17</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 25-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Warr</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own Home Washington Co. Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jasper G. Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Cardnel</u>	
14. NAME OF HUSBAND OR WIFE <u>Rose Ann Adams R.I. Cadet Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>4201</u>	
17. INFORMANT <u>Rose Ann Adams R.I. Cadet Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock Due to Acute Pulmonary Embolism</u> DUE TO (b) <u>Right Ventricular Cardiac Thrombosis & Myocardial Infarction</u> DUE TO (c) <u>Arteriosclerosis with coronary Thrombosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4:00 A.M.</u> Month, Day, Year <u>Jan 1, 1958</u>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Washington Co. Mo.</u>		COUNTY STATE	
21. I attended the deceased from <u>Jan 1, 1958</u> to <u>1/14/58</u> and last saw her alive on <u>1/14/58</u> Death occurred at <u>4-00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Samuel S. Sasser, D.D.</u>		22b. ADDRESS <u>211 E. High Petoskey</u>	
22c. DATE SIGNED <u>1/21/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-19-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>East Green Am.</u>		23d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>Mrs. Luther Spahr Petoskey</u>		25. DATE RECD. BY LOCAL REG. <u>1/21/58</u>	
26. REGISTRAR'S SIGNATURE <u>Hyman Rudolph</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Murphy L. L. L.*

Licensed Embalmer No. *4336*

P. O. Address *Flat River, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.